VIOLATION AND REVIEW RECORD Employee Number _____ Driver's Name CERTIFICATION OF VIOLATIONS I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. DATE **OFFENSE LOCATION** TYPE OF VEHICLE OPERATED **Operator's License:** (Revoked, Suspended License or Withdrawn) Date: Restored: License No. _____ State: ____ Date: ____ If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed. Driver's Signature Reviewed by: Signature Motor Carrier's Name Motor Carrier's Address **REVIEW AND EVALUATION OF DRIVER'S RECORD** In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary). Reviewed by: Signature Title Date